

Initial    Unannounced Full/Partial    Follow-up    Location Change    Investigation    Other

### SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Little White House Learning Center      Date: 5/5/2003      Time: 10:55 AM  
Location Address: 69 Woodmont Rd. Heford, GA 30460      Telephone #: 203-877-5167  
e-mail address: linda@lwhdaycare.com      License #: 15284      Expiration Date: 7/31/2005  
Capacity: 162/80      # of Children Present: 14/09      # of Staff Present: 27+

<b>Consent to Inspect Family Child Care Home</b>	<i>I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations. Provider/Applicant/Substitute's Signature</i>
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Purpose of visit: Re-measure Transitional kindergarten room

Observations/Corrections needed:

$21.6 \times 18.5 + 16.4 \times 11.1 + 18.9 \times 6.3 - 1.8 \times 3.2 - 1.8 \times 3.2 - 25 \times 1.4 = 685.69 \div 35 = 19.5$   
(cabinet units/locked)      OK 19

S = Substantiated      NS = Not Substantiated      P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: \_\_\_\_\_

Signature: [Signature]  
(OEC Representative)  
Print Name: ROBERT MERRILL  
Signature: [Signature]  
(Person in Charge)  
Print Name: Judith Drapp